

Case Number:	CM13-0072091		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2005
Decision Date:	08/29/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female with a reported date of injury on 05/03/2005. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic postop pain, lumbosacral neuritis, and major depressive disorder. Her previous treatments were noted to include medications, psychiatric therapy, and cognitive behavioral therapy. The progress note dated 03/06/2014 revealed the injured worker complained of severe back pain flare up and the medications were not helping. The constant pain was in her low back with radicular pain down her leg. The physical examination of the back revealed tenderness to palpation across the lower back. The lumbar spine testing showed decreased range of motion in flexion, extension, lateral flexion, and rotation. The examination of the upper extremities revealed no significant areas of tenderness to palpation and normal range of motion in the shoulders, wrists, elbows, and fingers. The request for authorization form was not submitted within the medical records. The request was for generic tizanidine 4 mg twice a day #60 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Generic Tizanidine 4mg twice a day # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for generic tizanidine 4 mg twice a day #60 is not medically necessary. The injured worker has been taking this medication since at least 12/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant this medication. Additionally, the Guidelines recommend short term use of muscle relaxants and the injured worker has been on this medication for over 6 months. Therefore, the request is not medically necessary.